



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Disability and Aging Services

**Notification of Transfer or Termination of Developmental Disabilities
Home and Community-Based Waiver Services**

CHECK ONE: ☐ TRANSFER: _____ ☐ TERMINATION
(enter new DA/SSA)

1. Consumer's Name: _____

2. Current Residence: _____

3. Medicaid Number: _____

4. DA/SSA: _____

5. On _____ developmental disabilities home and community-
(insert date)
based services were terminated/transferred for the above-referenced individual.

6. The reason for termination/transfer was _____

7. If termination was not voluntary, the consumer and his or her guardian, if applicable,
must be notified of the right to appeal. Please attach copy of written notification.

Signature of DA/SSA Representative

Date

For information call Joanne Herring at 802-241-2637

Please fax completed form to Joanne Herring at 802-241-1363 or mail to:

Division of Disability and Aging Services
Business Office - Joanne Herring
103 South Main Street, Weeks Bldg
Waterbury, VT 05671-2301

/EM
revised 03/8/10